

**DOCKET NO. UM 1768**

**Cover Sheet for Submission of  
2016 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Eagle Telephone System, INC dba Snake River PCS

Filing date: 6/30/2016

Is this: Original submission? ☒ X ☐  
OR  
Revised submission? ☐

Person to contact for questions:

Name: Brandi Sangster

Phone number: 541-893-6115

E-mail address: eagle@eagletelephone.com

Documents included in this filing (please check applicable items):

☐ CAF/ICC Support (47 CFR § 54.304)

☐ Rate Floor Data (47 CFR § 54.313(h)) – if separate from Form 481

☐ Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)<sup>1</sup>

☒ X ☐ Form 690 (Mobility Fund per 47 CFR § 54.1009)

☐ Affidavit for High-Cost Support

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**Filing deadlines:** The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2016. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

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<sup>1</sup> Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.



[USAC Home](#) | [High Cost Program](#) | [Search Tools](#)

[Form 690](#)

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## CONFIRMATION

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**Congratulations. Your filing has been successfully certified.**

Filing 1 was successfully certified on Fri 1 Jul 16 01:42:06 PM EDT by mike@eagletelephone.com .

SAC : 538001

498 ID : 143037281

Carrier Name : Eagle Telephone System, Inc.

Program Year : 2016

Filing Type : Annual Reporting

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. [Take Survey](#)

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**Mobility Fund**  
**Phase 1 - \$54.1009 Annual Reporting**  
**Data Collection Form**

FCC Form  
Approved by OMB  
OMB 3060-1185  
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code 538001

<015> Study Area Name Eagle Telephone System, Inc.

<020> Program Year 2016

<030> Contact Name: Person USAC should contact with questions about this data Brandi Sangster

<035> Contact Telephone Number: Number of the person identified in data line <030> 5418936115 ext.

<039> Contact Email: Email of the person identified in data line <030> eagle@eagletelephone.com

<040> **Has the information required pursuant to \$54.1009 been provided with a Form 481 filing (Y/N)** <040>

☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No)

☐ ☒

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	4523817
<111>	Filing Carrier Name	Eagle Telephone System, INC
<112>	Winning Bidder Carrier Name	Eagle Telephone System, INC
<113>	Street Address (or PO Box)	PO Box 178
<114>	City	Richland
<115>	State	OR
<116>	Zip-Code	97870
<117>	Telephone Number	5418936115 ext.
<118>	Fax Number	5418936903
<119>	Email Address	eagle@eagletelephone.com

**Contact Information**

If same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Brandi Sangster
<121>	Filing Carrier Name	Eagle Telephone System, INC
<122>	Street Address (or PO Box)	PO Box 178
<123>	City	Richland
<124>	State	OR
<125>	Zip-Code	97870
<126>	Telephone Number	5418936115 ext.
<127>	Fax Number	5418936903
<128>	Email Address	eagle@eagletelephone.com

**Authorized Agent Information**

If no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

## Page 3 of 8

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<039> Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Eagle Telephone System, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/01/2016
Printed name of Authorized Officer:	Michael Lattin
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	5418936115 ext.
Study Area Code of Reporting Carrier:	538001 Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

&lt;142&gt; State

&lt;143&gt; County

&lt;144&gt; Tribal Land(s) on which ETC Serves

&lt;145&gt; Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

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<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

&lt;200&gt; Date Authorized to Receive Support

07/18/2013

&lt;201&gt; Targeted Completion Date

12/31/2013

&lt;202&gt; Total Mobility Fund Support Awarded

7589.40

&lt;203&gt; Total Mobility Fund Support Disbursed

7589.40

&lt;210&gt; Actual Completion Date

12/31/2013

&lt;211&gt; Project Status Description (attached)

538001\_OR-Project Description for Area #9505.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

&lt;212&gt; Status of Network Deployment - Network Design

☒

&lt;213&gt; Status of Network Deployment - Construction

☐

&lt;214&gt; Status of Network Deployment - Deployment

☒

&lt;215&gt; Status of Network Deployment - Maintenance

☐

&lt;216&gt; Project Budget Status

☒

&lt;217&gt; Project Plan Status

☒

&lt;218&gt; Network will Support 3G/4G Mobile Service ?

☒ 3G☐ 4G



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## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Eagle Telephone System, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 07/01/2016

Printed name of Authorized Officer: Michael Lattin

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 5418936115 ext.

Study Area Code of Reporting Carrier: 538001

Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:****Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I certify that (Name of Agent) \_\_\_\_\_ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY THE AUTHORIZED AGENT:****Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent:

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## Attachments

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

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<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<140>	Coverage and Performance Report Year	07/2013 - 12/2013

[illegible]

Percentage of  
Total Population  
Reached by  
Service

100

Percentage of Total  
Road Miles covered  
by Service

90